



IFW

July 3, 2006

ALPHONSE DUPERRON
6210 Blvd. St-Michel #2
MTL, QC, Canada
H1Y 2E7
APPL NO: 10 718,296

COMMISSION FOR PATENTS
c/o Paul Shanowski
Office of Petitions
P.O. BOX 1450
Alexandria, Virginia 22313-1450

Subject: Document Corrections

Following your letter, I have completed the requested corrections to my documents. Thank you very much for allotting me with a two-month extension. I am very sorry for any inconvenience these errors as well as the mistake in my postal code may have caused. You will find a \$250.00 money order included herein for the small entity two-month extension.

Sincerely,

Alphonse Duperron

Refund Refs
03/06/2007 CKHLOK 0000158531

CHECK Refund Total: \$250.00

08/01/2006 RFEKADU1 00000005 10718296

01 FC:2252 225.00 OP
02 FC:9998 25.00 OP

Adjustment date: 08/06/2007 CKHLOK
08/01/2006 RFEKADU1 00000005 10718296
01 FC:2252 -225.00 OP
02 FC:9998 -25.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|-------------------------------------|---|--------------------|
| 1 Date of Request: <u>07/24/07</u> | | 2 Serial/Patent # <u>10718296</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | <i>None</i> | <i>7-31-06</i> | \$ <i>250.00</i> |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 0.00 |
| | | 8 TO BE REFUNDED BY: | | |
| | | <input checked="" type="checkbox"/> | Treasury Check | |
| | | | Credit Deposit A/C #: | |
| | | 9 | <div style="border: 1px solid black; display: inline-block; text-align: center;"> 50--0310 </div> | |
| 10 REASON: | | | | |
| | Overpayment | | | |
| | Duplicate Payment | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | |
| Extension of time was not necessary. | | | | |
| | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Paul Shanoski</u> | | TITLE: <u>Senior Attorney</u> | | |
| SIGNATURE: <u><i>Paul M. Shanoski</i></u> | | PHONE: <u>571-272-3225</u> | | |
| OFFICE: <u>Office of Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u><i>Chhok</i></u> | | DATE: <u><i>8/6/07</i></u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: